Equity Considerations for Local Health Departments on Opioid Settlement Funds

LEGAL ACTION CENTER

NO HEALTH = NO JUSTICE

NACCHO
National Association of County & City Health Officials

Introduction

The Legal Action Center, with the support of the National Association of County and City Health Officials (NACCHO), has crafted this checklist to guide county and city health officials through decision-making and priority-setting on accessing and dispersing opioid settlement funds. Local health departments (LHDs) have varying levels of influence on how these funds are used: some LHDs are represented on opioid settlement boards and can influence how funds are used, while others do not have seats on these settlement boards but will receive funding. Regardless of their level of engagement on a settlement board, all health departments should be knowledgeable about opioid settlement funds and how to best utilize the funds to address the needs of people with substance use disorders (SUDs), prevent overdose, and advance health equity in their communities.

This checklist centers the values of community engagement, oversight and accountability, and cultural humility as integral to promoting health equity in the distribution of opioid settlement funds (see the racial equity section in the resources list for a description of these values):

1. Community Engagement

To use this checklist, local health departments should first conduct a needs assessment (see the needs assessment section in resources list for guidance on how to complete a needs assessment) to enhance their understanding of the various populations that live in their communities and their unique needs. The needs assessment results should identify the underserved communities in the locality. The needs assessment should meaningfully center input from people who use drugs, and communities disproportionally impacted by the overdose crisis. After conducting the needs assessment, LHDs should partner with local leaders and organizations to pinpoint the solutions that best meet the communities' needs.

2. Oversight & Accountability

To ensure progress, efficacy, and a thorough understanding of how the funds are used, there must be oversight and accountability mechanisms in place and consistently adhered to. Community groups should be involved in creating metrics to assess whether the proposed use of opioid settlement funds is aligned with local priorities, and LHDs should evaluate progress on their initiatives in partnership with the community, using these metrics.

3. Cultural Humility

To ensure LHDs are sensitive in responding to the needs of their communities, they should stay up to date on cultural competency training and regularly review their policies and practices on engaging and interacting with marginalized and underserved populations. Additionally, outreach and communication strategies should be culturally effective, accessible, and linguistically appropriate (as informed by federal limited English proficiency guidance[1]). They should include relevant local cultural/ethnic organizations and directly impacted people when soliciting feedback and input.

The Dos and Don’ts of Spending Opioid Settlement Funds

The Use of Funds

There is some flexibility with how states may choose to use their opioid settlement funds. However, at least 70% of funding awarded to states and localities should be spent on “opioid remediation efforts,” which is defined in the settlement agreement as “Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.” [2] Additionally, LHDs should consult their local and state governing bodies as some states or localities may have also set parameters for how funding should be spent. It is important to remember that helping people access resources to meet their health-related social needs [3], such as housing, childcare assistance, food assistance, health care access, and transportation, is crucial to assisting individuals and communities harmed by the opioid-related overdose epidemic. Meeting such needs supports and helps facilitate people’s entry to and retention in substance use treatment as well as other harm reduction, health, and wellness services.

How Funds Should Not Be Used

Funds should not be used for treatment modalities that have not been scientifically proven to address opioid and other substance use disorders, such as abstinence-only based treatment programs that do not offer FDA-approved medications for opioid use disorder (MOUD) [4] and/or fail to offer harm reduction services [5]. Individuals should not be restricted to a limited range of the FDA-approved medications for opioid use disorder. Likewise, funds should not be used to bolster law enforcement agencies' budgets, increase the use of child protective services, or enhance border patrol strategies as these strategies will only lead to further over-surveillance and criminalization of already marginalized communities and hinder health equity(see the overdose prevention section in the resources for strategies to prevent overdose).

Prioritizing Underserved Populations

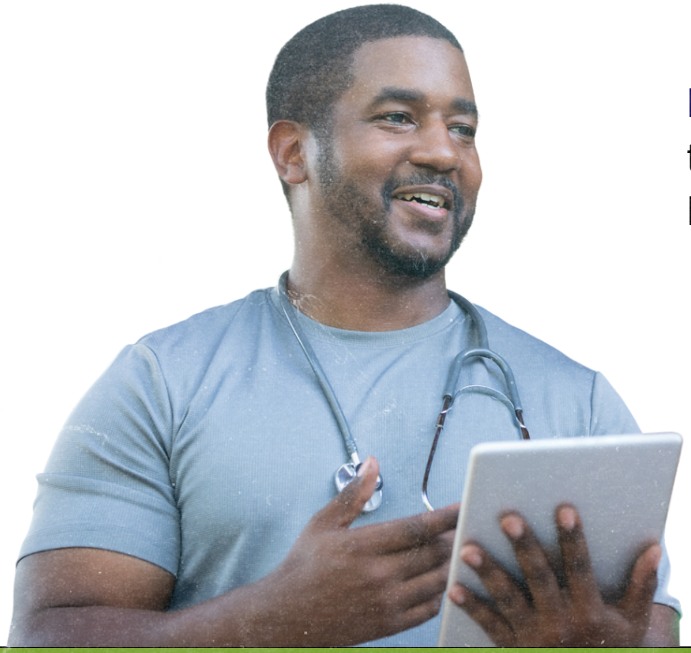
Almost every community has a population(s) that historically has had limited access to evidence-based SUD treatment and counseling, and that has been traditionally met with punitive measures rather than a health response for substance use-related issues [6]. These inequities continue today amidst record-high rates of substance use disorder and fatal overdose. When any population experiences statistically high rates of substance use disorder and overdose, the array of service options should be informed by and address historical and continued systemic disparities and barriers. Additionally, substance use disorder treatment and support should be culturally relevant and linguistically appropriate based on the population's unique needs, mainly associated with outreach and engagement tactics.

Populations that LHDs may need to pay special attention to include, but are not limited to: rural, elderly, low-literacy, and low-income communities [7]; people with limited English proficiency; geographically isolated or educationally disenfranchised people; Black, Indigenous, People of Color (BIPOC) and those of diverse ethnic backgrounds and national origins; women and children; individuals with disabilities and others with accessibility and functional needs [8]; LGBTQIA+ community members; youth; unhoused individuals and families; pregnant or postpartum individuals; people living with HIV/AIDS; those with mental health conditions; underserved religious communities; people with criminal legal histories; and undocumented individuals. This list is not exhaustive, and there may be other populations in your community that you will need to prioritize. Please keep people with unique needs in mind as you complete this checklist.

How To Use This Checklist

This checklist is divided into five sections. The sections are designed to help LHDs use a health equity lens when strategizing and crafting initiatives for the specific SUD services communities need to prevent SUDs and overdoses.

- LHDs that are represented on an opioid settlement advisory board/council should use this checklist to inform decision-making on how to prioritize the use of settlement funds.
- LHDs that are not on a board should use this checklist to inform their engagement and advocacy with opioid settlement advisory boards/councils, local and state policymakers, and residents around using these funds, as well as for decision-making for the use of funds that LHDs receive.



Reminder: You should complete a needs assessment to identify the specific needs of your community's priority populations BEFORE completing this checklist.

Opioid Settlement Health Equity Checklist

Factors to Improve Access to Services:

Local health departments can advance health equity by using their opioid settlement funds to improve access to substance use disorder treatment and harm reduction services. In the row at the top of the table on the next page, you will see tactics LHDs can use to improve access to these services. In the first column, you will see a list of questions and prompts to help you think through how you can implement tactics to improve access to services in ways that center the values of community engagement, oversight and accountability, and cultural humility. Space is provided for you to list your strategies.

Factors to Improve Access to Services

	Improve free or low-cost treatment options in underserved communities (i.e., access to MOUD, telehealth services, mobile treatment locations, access for uninsured individuals, buprenorphine prescriptions in hospital emergency departments)	**Connect underserved populations (see description above) who need harm reduction services, SUD treatment, mental health care, and/or overall health care to local services and providers**	**Provide and/or support warm hand-off services for people who use drugs (to primary care, SUD and harm reduction services, mental health supports, housing, etc.)**
How will your LHD identify and engage communities around this priority?			

How will impacted communities be included in evaluating or measuring successful community engagement?			
Who should be/already be providing oversight and accountability for these priorities (board, state, community, etc.)?			
How will you ensure that these priorities are culturally and linguistically appropriate, relevant, and accessible for identified communities?			

Removing Funding Constraints:

It is essential to remove funding constraints that may hinder your LHD from providing the resources underserved populations need the most. The top row of the table below lists support that people who use drugs and those in recovery may need. In the first column, you will see a list of questions/prompts to help you think through how to center the values of community engagement, oversight/accountability, and cultural humility when identifying which constraints need to be removed. Space is provided for you to list your strategies.

Removing Funding Constraints

	Support multi-year funding to local organizations that provide harm reduction services and are experiencing funding restrictions or limits (i.e., overdose prevention sites, syringe service programs, HIV and hepatitis C education/prevention, etc.)	**Allocate funding to holistic recovery support services (i.e., child-care, transportation, legal aid, and housing services)**	**Support funding for programs that allow access to all the FDA-approved MOUD medications**
How will your LHD identify and engage communities around this priority?			

How will impacted communities be included in evaluating or measuring successful community engagement?			
Who should be/already be providing oversight and accountability for these priorities (board, state, community, etc.)?			
How will you ensure that these priorities are culturally and linguistically appropriate, relevant, and accessible for identified communities?			

Tailoring Support for Priority Communities:

The needs assessment you conducted at the beginning of this process should help you identify which populations should be prioritized. Addressing these populations' unique needs is necessary to ensure that they receive the most appropriate resources and support. In the table below, the top row lists ways that you can support populations with unique needs. Use the questions in the first column to help you think through how you can offer those services in a way that centers the values of community engagement, oversight and accountability, and cultural humility. Space is provided for you to list your strategies.

Priority Communities

	Implement evidence-based prevention and early intervention strategies to reduce the rates of substance use disorders, overdose, and related harms	Free/low-cost treatment, harm reduction, and counseling services that are specially designed for individuals from historically marginalized populations in your community
How will your LHD identify and engage communities around this priority?		
How will impacted communities be included in evaluating or measuring successful community engagement?		
Who should be/already be providing oversight and accountability for these priorities (board, state, community, etc.)?		
How will you ensure that these priorities are culturally and linguistically appropriate, relevant, and accessible for identified communities?		

Data Collection of Services:

Opioid settlement funds can be used to support the collection of relevant and informative data. It is helpful for the communities where the data collection is taking place to see the benefit of your research (see data collection section in the resources to learn more about equitable and ethical data collection). This transparency can help build trust with the populations you seek to serve. Moreover, when collecting data, you must ensure that the data collected has a clear purpose, and that communities contributing data understand how that data is being used to inform, evaluate and/or sustain projects. At the top of the chart below, you will find examples of how data collection and use to inform future policy and practice can promote health equity. The questions in the chart's first column will help you think through how to collect data to foster community engagement, oversight/accountability, and cultural humility. Use this table below to consider how your LHD can collect data to promote health equity. Space is provided for you to list your strategies.

Data Collection / Use to Promote Health Equity

	Support data collection efforts on the availability and quality of harm reduction, treatment, and counseling programs in communities while maintaining confidentiality standards	Conduct a landscape review to identify and connect with harm reduction, treatment, and counseling services in historically underserved communities, for the purpose of supporting these providers	Enhanced data collection relating to populations that continue to be harmed by the criminalization of drugs ('War on Drugs'), and how SUD services can best support them.
How will your LHD identify and engage communities around this priority?			
How will impacted communities be included in evaluating or measuring successful community engagement?			
Who should be/already be providing oversight and accountability for these priorities (board, state, community, etc.)?			
How will you ensure that these priorities are culturally and linguistically appropriate, relevant, and accessible for identified communities?			

Community Education:

Systemic racism led to a ‘War on Drugs,’ which has had disparate impacts on Black and Brown communities. The failures of racist and punitive approaches to drug use and the ways in which criminalization harms communities increase risks associated with substance use. LHD staff should first be familiar with the harms that systemic racism has on health equity. Then, communities (i.e., residents, policy makers, local community leaders, nonprofits, places of worship, etc.) may benefit from education about the origins of the most recent opioid-related overdose epidemic and how opioid settlement funds can be used to support people who have been most harmed by these policies.

Moreover, it is important that communities are informed about the alternatives to criminalization, instead of solely punitive responses to substance use that negatively impact individuals’ health status as well as their employment, housing, and other opportunities, In the chart below, you will see that the top row lists some priorities you may want to focus on related to community education. Use this chart to assess how your community education priorities can center the values of community engagement, oversight/accountability, and cultural humility.

Community Education

	Enhance public and professional understanding of SUDs, health insurance coverage, effectiveness of evidence-based treatment, counseling, and harm reduction services	Educate communities so they are knowledgeable about effective policies and interventions, and desire access to them	Educate LHD staff and community on stigma/discrimination [9] relating to substance use, harm reduction, and treatment, and ways to address existing stigmatizing/discriminatory policy and practice
How will your LHD identify and engage communities around this priority?			
How will impacted communities be included in evaluating or measuring successful community engagement?			
Who should be/already be providing oversight and accountability for these priorities (board, state, community, etc.)?			
How will you ensure that these priorities are culturally and linguistically appropriate, relevant, and accessible for identified communities?			

Resources

Data Collection
Why am I always being researched? Chicago Beyond. (2022, November 23). Why am I always being researched? https://chicagobeyond.org/researchequity/

Needs Assessment
The Principles: A Quick Guide to Conducting a Needs Assessment: National Association of Counties, Opioid Solution Center, & John Hopkins School of Health. (2023, February). The Principles: A Quick Guide to Conducting a Needs Assessment. https://www.naco.org/resources/opioid-solutions/principles-quick-guide. https://www.naco.org/sites/default/files/documents/OSC_QuickGuide_NeedsAssessment.pdf

Opioid Settlement
Principles for the Use of Funds from the Opioid Litigation: Johns Hopkins School of Bloomberg Public Health. (2023). Principles for the Use of Funds from the Opioid Litigation. Retrieved from https://opioidprinciples.jhsph.edu/the-principles/

Opioid Settlement Recommendations from the Addiction Solutions Campaign: Legal Action Center. (2018). Opioid Settlement Recommendations from the Addiction Solutions Campaign. Retrieved from https://www.lac.org/resource/opioid-settlement-recommendations-from-the-addiction-solutions-campaign

Overdose Prevention
Evidence-Based Strategies for Preventing Opioid Overdose: Carroll, PhD, MPH, J. J., Green, PhD, MSc, T. C., & Noonan, PhD, R. K. (2022, June 9). Evidence-based strategies for preventing opioid overdose: What's working in the United States.

Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. https://www.cdc.gov/drugoverdose/featured-topics/evidence-based-strategies.html

Stigma Around Opioid Use Disorder Presents Challenges to Treatment: Bryan, S., & Fernández-Viña M. H. (2022, May 4). Stigma around opioid use disorder presents challenges to treatment. Stigma Around Opioid Use Disorder Presents Challenges to Treatment The Pew Charitable Trusts. https://www.pewtrusts.org/en/research-and-analysis/articles/2022/05/04/panel-discussion-stigma-around-opioid-use-disorder-presents-challenges-to-treatment

Racial Equity
Racial Equity Toolkit, An Opportunity to Operationalize Equity: Nelson, J., & Brooks, L. (2015a, September). Racial Equity Toolkit, An Opportunity to Operationalize Equity. https://www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/. https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

Unchaining Civil Rights Through Quality Health Services and Care: Legal Action Center. (2022). Unchaining Civil Rights Through Quality Health Services and Care. Retrieved from https://www.lac.org/resource/unchaining-civil-rights-through-quality-health-services-and-care

Endnotes

[1] (OCR), O. for C. R. (2023, January 19). Limited English proficiency resources for Effective Communication. Limited English Proficiency (LEP) Resources for Effective Communication. https://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/limited-english-proficiency/index.html

[2] Distributor Settlement Agreement. (2022, March). https://nationalopioidsettlement.com/wp-content/uploads/2023/02/Final-Distributor-Settlement-Agreement-3.25.22-Final-Exhibit-C-as-of-5.27.22-Exhibit-G-and-I-as-of-02.22.23.pdf

[3] Hinton, E. (n.d.). A look at recent Medicaid guidance to address social determinants of health and health-related social needs. Address Social Determinants of Health and Health-Related Social Needs. https://www.kff.org/policy-watch/a-look-at-recent-medicaid-guidance-to-address-social-determinants-of-health-and-health-related-social-needs/#:~:text=Health%2Drelated%20social%20needs%20(HRSN,%2C%20work%2C%20and%20age).

[4] Substance Abuse and Mental Health Services Administration. (2023, April 25). Medications for Substance Use Disorders. Retrieved from https://www.samhsa.gov/medications-substance-use-disorders.

[5] Assistant Secretary for Public Affairs (ASPA). (2022, November 29). *Harm reduction*. Overdose Prevention Strategy. https://www.hhs.gov/overdose-prevention/harm-reduction

[6] Legal Action Center. (2022). Unchaining Civil Rights Through Quality Health Services and Care. Retrieved from https://www.lac.org/resource/unchaining-civil-rights-through-quality-health-services-and-care

[7] U.S. Department of Health and Human Services. (n.d.). Underserved Group - toolkit. National Center for Advancing Translational Sciences. https://toolkit.ncats.nih.gov/glossary/underserved-group/

[8] Glossary. Glossary | FEMA.gov. (n.d.). https://www.fema.gov/about/glossary/u#:~:text=These%20groups%20may%20include%20people,with%20disabilities%20and%20others%20with

[9] Bryan, S., & , Fernández-Viña M. H. (2022, May 4). *Stigma around opioid use disorder presents challenges to treatment*. Stigma Around Opioid Use Disorder Presents Challenges to Treatment The Pew Charitable Trusts. https://www.pewtrusts.org/en/research-and-analysis/articles/2022/05/04/panel-discussion-stigma-around-opioid-use-disorder-presents-challenges-to-treatment